

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098868

Entity Name: COMPASSIONATE COMPANION CARE,INC

Current Principal Place of Business:

597 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

Current Mailing Address:

597 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

FEI Number: 41-2251201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, ALVIN R
229 CHEROKEE STREET
JACKSONVILLE, FL 32254 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name WILLIAMS, ALVIN R
Address 229 CHEROKEE STREET
City-State-Zip: JACKSONVILLE FL 32254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALVIN R WILLIAMS

CEO

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date